

- SENDER: COMPLETE THIS SECTION
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Richard Fox
Capital City Bank
P.O. Box 900
Tallahassee, FL 32302

A. Signature

x *[Signature]*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Christopher Fox

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

2. Article Number

(Transfer from service label)

7006 2760 0002 4407 2148

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154